



Co-Occurring Joint Action Council (COJAC)



Meeting Minutes November 4, 2009

Workgroup Co-Chair: Cheryl Trenwith (County Alcohol and Drug Program Administrator's Association of California: CADPAAC) and Dr. Marvin Southard (California Mental Health Directors Association: CMHDA) (on the phone)

Workgroup Members: Marjorie McKisson (Department of Alcohol and Drug Programs: ADP), Renee Zito (on the phone) (ADP), Sophie Cabrera (Department of Mental Health: DMH), Jim O'Connell (California Association of Addiction Recovery Resources: CAARR), Jerry Wengerd (CMHDA) (on the phone), Albert Senella (on the phone) (Tarzana Centers), Victor Kogler (on the phone – Alcohol and Drug Policy Institute: ADPI), Debbie Reno-Smith (Victor Community Support Services), Tom Renfree (CADPAAC), and Madelyn Schlaepfer (CADPAAC) (on the phone)

COJAC Staff: Darien De Lu (ADP), Kevin Furey (ADP), and Alice Washington (California Institute for Mental Health: CIMH)

Guests: Jennifer Bianchi (DMH)

Welcome and Introductions

Cheryl Trenwith and Dr. Southard, co-chairs, called the COJAC meeting to order at 10:15 am.

The past minutes of September 30, 2009, were approved with no corrections.

The additions to the agenda were presentations from Tom Renfree and Victor Kogler.

State Reports

Department of Mental Health (DMH)

Sophie Cabrera provided the Department of Mental Health's state report:

- DMH is looking at and waiting on budgets
- It is working on the Short Doyle Phase 2
- MHSA implementation continues: OAC guidelines coming out soon and 51 09-10 CSS plans (including other components) have been submitted to DMH
- DMH is trying to comply with AB 5. They must meet financial commitments to counties in a timely manner.

Department of Alcohol and Drug Programs (ADP)

Marjorie McKisson provided the Department of Alcohol and Drug Program's state report.

ADP continues to stress the importance of three areas:

1. SB 707---Alcohol and Drug Counselors' Licensing and Certification bill: ADP continues to watch and would like testimonials. The hearing is November 16, 2009, at the State Capitol.

Senate Bill (SB) 707 (DeSaulnier) -- Counselors Licensing and Certification Law

Senate Bill (SB) 707, authored by Senator Mark DeSaulnier and sponsored by the Department of Alcohol and Drug Programs (ADP), will create a new alcohol and other drug (AOD) counselor certification and licensing system. The measure will recognize past accomplishments and create opportunities for future professional development.

2. ADP continues to solicit feedback regarding the development and adoption of treatment standards. ADP received comments using a link on their website. ADP is looking at the comments received and will respond.
3. Department of Health Care Services (DHCS) is drafting proposed changes for California's Medi-Cal 1115B Waiver for hospitals.
 - a. CADPAAC has weekly conference calls to stay informed about the waiver process. One of the key factors of the waiver is cost neutrality.
 - i. CADPAAC is providing information on Drug Medi-Cal services to DHCS
 1. Tom Renfree spoke about DHCS's focus on the priority population of the seriously mentally ill (SMI), but others who have co-occurring disorders are driving the costs up in the health care system much more than the SMI population.
 - ii. CADPAAC emphasizes the need to assert the importance of funding specifically for substance use and co-occurring disorders. Otherwise DHCS may incorporate substance use, and co-occurring disorders, under mental health (MH) funding, which could result in "less robust funding", leading to more limited funding.
4. Reviewing the implementation of Federal parity legislation.

Presentation One

1. Victor Kogler presented on the Center for Substance Abuse Treatment (CSAT) conference he attended in Washington, D.C., on October 21-23, 2009.

Title: Strategic Planning for Providers to Improved Business Practices

URL: <http://business.treatment.org/index.php>

The conference focused on changes in the field related to Healthcare Reform and implementation of parity. The conference allowed providers to be informed and learn how to adapt in order to succeed in the new environment.

Some of the issues addressed were:

1. Financing
 - a. Changes in Medicaid (called Medi-Cal in California)
 - b. Private insurance
 - i. Parity issues
 - ii. Not every provider knows how to operate in this environment
 - c. New contracting models to assist
 - iii. Providers with negotiating fee-for-service contracts
 - iv. Understanding pay for performance contracts
2. Integration with Primary Care
 - a. SBIRT is an important door for access to the primary care system
 - b. Role of the “healthcare home;” all health care settings could be the “home,” not just primary care settings
 - c. Not clear where there are opportunities
 - d. Substance use treatment providers will need to show businesses, who contract for health care coverage, the benefits of inclusion of substance use treatment
3. New Program Models
 - a. More accountability
 - b. Evidence-based practices (EBP) implementation
 - c. Network for the Improvement of Addiction Treatment (NIATx) and other ongoing systems for process improvement
 - d. Better services for COD and better integration of mental health and substance use treatment
 - e. Accreditation is needed if you to want to serve in insurance world
 - How to plan for this and what it looks like
4. Workforce Development
 - a. One COJAC member volunteered to offer her testimony at the SB707 hearings about the success of Colorado’s efforts in this direction
 - b. Need to upgrade the workforce
 - c. Need to “look like the rest of the workforce” in terms of higher education and training
 - d. Licensing and skill/training needed in order to deal with the complex cases of today
 - e. Frequently a requirement for accreditation
 - f. Billing issues for treatment by unlicensed staff
5. Use of Information Technology (IT) and Data

Better data and IT are necessary

 - a. For program improvement
 - b. To communicate with funders and purchasers (services and benefits)
 - c. To establish evidence-based practices
 - d. For providers to have a data system that tracks outcomes
 - i. CALOMS seeks to do this for us
 - e. To enable providers to track NIATx and other program improvement efforts
 - f. For information, knowledge, and analysis
 - g. To support a “business case” – a persuasive argument for a new business or business approach

IT

- a. Enhance chronic care models by using internet-based “social networking” for maintaining contacts with clients and also among other professionals in program and

support. All can rely on this when and where they need it.

COJAC Workgroup comments:

1. AOD workforce needs to look like the rest of the behavioral health workforce.
2. Accreditation and licensure issues need to be addressed.
3. For integration to succeed, the whole workforce needs to be retooled and trained
4. Because the MHSA has brought in more MH peer support and people with lived experience, there is a need to help them to move to higher levels of professional and skills development and to qualify their lived experience for professional development credit .
5. We must determine what we need to do in the future with parity coming.

Presentation Two

Tom Renfree provided a presentation on several items.

1. There are not a lot of relevant issues happening in the Legislature.
2. State/National issues
 - Healthcare Reform, please refer to the handout
 - Wellstone Law (on insurance coverage parity for MH and substance use treatment) going into effect in January 2010

Impact on the field

- A lot more people will be eligible for Medi-Cal under the federal health care reform bill passed by the House.
- Under the Wellstone Law, many insured individuals will receive mental health and substance use services at parity with other insured medical services.
- We shall see an expanded clientele base as a result of both of these changes.

Implications – Fosters the need to begin integrating substance use services with primary care and mental health

3. Collaborative Family Healthcare Association (CFHA) Integration Policy Initiative (IPI) Policy Summit (October 22, 2009)

Several of COJAC members and associates were at the IPI Policy Summit: Al Senella, Dr. Marvin Southard, Dr. Sandra Naylor Goodwin, and Alice Washington

1. The focus of the summit was on how to integrate mental health, primary care, and substance use services into a “medical home” model.
2. We can no longer afford to operate in silos. We must change operations in order to address financial and quality concerns.
 - i. We need models to ensure collaboration
3. The alcohol and drug concerns were brought in late, but implementers are now aware that alcohol and drug treatment are a part of behavioral services.

Al Senella provided the following comments about the summit: It is clearly understood by the IPI that mental health and substance use are important factors in dealing with the whole person in a medical home.

Alice Washington provided the following comments:

You can go to the CiMH website in order to provide comments on the Integration Policy Initiative (IPI) Report. The link is <http://www.cimh.org/Services/Special-Projects/Primary-Care/Initiative-Feedback.aspx>.

- Need more representation from AOD treatment consumers
- IPI needs more knowledge experts in order to develop the substance use treatment area

Committee Reports

There were no committee reports.

- Funding – still relevant
- Housing – still inactive due to the lack of a chair, and implementation of the recommendation may require budget or legislative action
- Screening – need to have this committee's comments on UCSF report on the COJAC Screening Tool. Al Senella and Cheryl Trenwith will follow-up
- Youth – Debbie Reno-Smith is scheduling the next call. She also stated the need to include an early childhood conversation
- Partnership – still okay, but they need more members

Cheryl Trenwith discussed the appropriate committee structure for COJAC: Do we need to add committees? Change some? The COJAC Workgroup agreed that integration is a "hot" topic. Cheryl Trenwith suggested asking Madelyn Schlaepfer and Jerry Wengert to co-chair an Integration Committee. She will ask them to consider these positions.

Action Item: At the next COJAC meeting, the COJAC Workgroup will have a conversation about hot issues and the appropriate committee(s) needed to address these topics.

Next year's presentation list

Michael Cunningham of ADP – COSSR presentation
Dr. Pating – SBIRT presentation
IPI Presentation
Update on DDCAT pilot project

Action Item:

Alice Washington of CiMH will distribute this list to the COJAC Workgroup and solicit future presentation topics.

New COJAC 2010 Meeting Calendar

Every other month, the first Wednesday at CiMH
The meetings with Department Directors may occur March/July 2010.

Next Meeting

January 6, 2010
CiMH Sugar Pine room
10:00 am 3:00 pm

Future Agenda items

Alice will solicit agenda items from the COJAC Workgroup.